

➔ Please Print or Type – Do Not Use Red Ink – See Instructions Below and on Reverse Side

Idaho Account Number		Employer Identification Number		U.S. DOT Number		Application Effective Date		Registration Year	
Name and/or DBA <input type="checkbox"/> Check if Name Change						Contact Person			
Business Address <input type="checkbox"/> Check if Address Change			City		State	Zip Code	Phone		Fax
Mailing Address <input type="checkbox"/> Check if Address Change			City		State	Zip Code	E-Mail		

1*	2	3	4	5	6	7	Power Units Only					13	14	15	16
							8	9	10	11	12				
									Mileage	E/A	Oper.				
Action Code	Base Juris.	Unit Number	Veh. Year	Veh. Make	Complete Vehicle Identification Number	Veh. Type	Fuel Type	Combined Gross Weight	Power Units Over 60,000		Type	Name of Titled Owner	Idaho Title Number	Idaho Plate	Reg. Fees

<div>*Column 1, Action Codes:</div> <div>A.....Add a power unit</div> <div>RRenew a power unit</div> <div>P.....Add a permanent trailer</div> <div>1YA ...Add or renew a 1-year annual trailer</div> <div>1YS ...Add or renew a 1-year staggered trailer</div> <div>CChange vehicle information - indicate reason below:</div> <div>DDelete a vehicle registration - indicate reason below:</div>	FOR OFFICE USE ONLY			Registration Fee Total: _____	
	<div><input type="checkbox"/> Account Status</div> <div><input type="checkbox"/> Receipted HVUT</div> <div><input type="checkbox"/> HVUT Filed at CVS</div> <div>Filed Date:</div> <div><input type="checkbox"/> Insurance Verified</div> <div><input type="checkbox"/> DOT # Verified</div>	<div><input type="checkbox"/> Counter</div> <div><input type="checkbox"/> Mail</div> <div><input type="checkbox"/> Company Fax</div> <div><input type="checkbox"/> Company Phone</div> <div><input type="checkbox"/> Port Fax:</div> <div><input type="checkbox"/> Port Phone:</div> <div><input type="checkbox"/> In Office</div>	<div>Amount Paid:</div> <div><input type="checkbox"/> CK <input type="checkbox"/> CC <input type="checkbox"/> Cash</div> <div>Date Paid: _____</div> <div>Entered By:</div> <div>Date:</div> <div>TVC: <input type="checkbox"/> Yes <input type="checkbox"/> No</div>	<div>Idaho Base Plate Fees: @ \$3.00 each, @ \$6.00 each: _____</div> <div>Safety & Insurance Fees: @ \$2.00 each (see instructions): _____</div> <div>Administration Fees: @ \$4.00 each unit: _____</div> <div>EMS Fees: @ \$1.25 (power units only): _____</div> <div>Project Choice Fees: @\$3.00 (power units 60,000 or less): _____</div> <div>Temporary Vehicle Clearance (TVC) Fees: @ \$10.00 each: _____</div> <div>Other Fees (describe): _____ Other Fees (amount): _____</div> <div>Make checks payable to State of Idaho Total Fees Due: \$ _____</div>	
	<div><input type="checkbox"/> Weight Change:</div> <div><input type="checkbox"/> Complete Temporary</div> <div><input type="checkbox"/> Duplicate Registration</div> <div><input type="checkbox"/> Replace Plate:</div> <div><input type="checkbox"/> Replace Sticker:</div> <div><input type="checkbox"/> Other:</div>	<div>Transfer From: <input type="checkbox"/> County</div> <div><input type="checkbox"/> IRP <input type="checkbox"/> Unit:</div> <div><input type="checkbox"/> Plate <input type="checkbox"/> Cab Card</div> <div>Returned Date:</div>	<div><input type="checkbox"/> Counter Pickup</div> <div><input type="checkbox"/> Mailed <input type="checkbox"/> Express</div> <div>Date: By:</div> <div><input type="checkbox"/> TVC only <input type="checkbox"/> Cab Card</div> <div><input type="checkbox"/> Plate <input type="checkbox"/> Sticker</div>	<div>Applicant Signature _____</div> <div>Date _____</div>	

